



The Commonwealth of Massachusetts

City/Town of _____

Application for Standard Permit



FP-006

(Rev. 1.1.2015)

➔ Return completed application to: _____ ➔

Permit Number: _____

City or Town: _____

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____
(Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee _____ Amount Paid \$ _____

